

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/					
2	/					
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TOTAL INO.	/					
TOTAL DEP.	12	↔		↔		↔
TOTAL	3	↔	12	↔	12	↔

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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100						
TOTAL INO.						
TOTAL DEP.						
TOTAL	12	↔	12	↔	12	↔

BEST AVAILABLE COPY